

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morchar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K21939** (9)

1. Corporation Name:

92ND AVENUE PROPERTIES, INC.



Principal Place of Business:

**1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

Mailing Address:

**1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

2. Principal Place of Business:

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified:

04/26/1988

3a. Date of Last Report:

03/21/1995

4. FFI Number:

65-0052101

Applied For
Not Applicable

5. Certificate of Status Desired:

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution:

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:

**HELLMAN, MAYNARD J.
1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:

81 Name:

82 Street Address (P.O. Box Numbers Not Acceptable):

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE:

[Signature]

Date of Signature: *[Date]*

DATE:

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	DP VALDES, PABLO J.
STREET ADDRESS	8433 W. OKEECHOBEE RD
CITY-STATE-ZIP	MIAMI GARDENS FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (301) 822-8000

CR2E034 (12/95)